

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1
Carrier Identification Information

Parent Company Name

PEACE VALLEY TELEPHONE CO., INC.

Service Provider Name

PEACE VALLEY TELEPHONE CO., INC.

Company Address, City, State, Zip

P. O. BOX 9
PEACE VALLEY, MO 65788

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

REBA E. SMITH

Contact Tel #

417-277-5550

Fax #

417-277-5885

E-mail Address

pvtelco@socket.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

HOWELL COUNTY MISSOURI
OREGON COUNTY MISSOURI

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

HOWELL COUNTY MISSOURI - calls are routed to West Plains, MO the county seat. This is completed.

OREGON COUNTY MISSOURI - Alton, Missouri

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

HOWELL COUNTY, MISSOURI IS COMPLETE

OREGON COUNTY, MISSOURI - There is no 911 service in Oregon County. We only serve 8 customers in Oregon County. The rest of the county are served by Verizon

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

We have no projected date when transition to 911 will be completed in Oregon County.

Howell County is completed.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

We can not provide 911 service in Oregon County until Verizon provides 911 service.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____

Signature

Reba E. Smith

Printed name of authorized representative REBA E. SMITH

Title SECRETARY - TREASURER

Date MARCH 11, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER
TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.